

# Review of compliance

Swanton Care and Community Limited Baylis Place	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	61 Wawne Road Sutton On Hull Hull North Humberside HU7 4FE
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	June 2012
<b>Overview of the service:</b>	Baylis Place is a modern purpose built care home on the outskirts of Hull in a residential area close to shops, amenities and public transport. It is registered to provide accommodation for up to eleven adults with learning disability, autism and associated complex needs.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Baylis Place was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 May 2012, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

We spoke with three people who were resident in the home. One person showed us a portfolio of a course in home economics they had been following, pointing out how the provider had supported and facilitated the course. Another person told us of their training and subsequent responsibilities where drivers of the provider's mini bus took their competency test and the person gave feedback to the examiners on how people were looked after during the test journey.

People told us of their general experiences, which included comments such as "I like living here, it is never boring" and "I get to see my friends in other homes." People we spoke with told us they felt safe and when asked, people agreed that the staff helped them live in the way they wished, respecting privacy and dignity.

### What we found about the standards we reviewed and how well Baylis Place was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

There were enough qualified, skilled and experienced staff to meet peoples' needs. The provider was meeting this standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

We spoke with a person who had recently completed a course in aspects of home economics, including baking. We were shown their portfolio and they explained how the provider supported and encouraged participation. Another person told us of their recent course in car mechanical engineering with a local garage, and how he felt confident in the duties he had undertaken.

People told us of how they were consulted in choosing and arranging activities, and of how their choices were supported in lifestyle choices such as food, when they wish to be in their room and help with purchases during shopping trips.

#### Other evidence

We looked at care plans for four people living at the home. We saw that they were written in the first person and there was evidence of people who used the services being involved with preparation of care planning, such as lifestyle choices, personal care and expectations of staff if a person was exhibiting behavioural problems.

We saw evidence of recent residents' meetings where items such as menu planning, activities and holiday planning were discussed between residents and staff. We also saw entries from residents' surveys where people had made positive comments about

the care they received.

**Our judgement**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us of their general experiences, which included comments such as "I like living here, it is never boring" and "I get to see my friends in other homes." People we spoke with told us they felt safe and when asked, people agreed that the staff helped them live in the way they wished, respecting privacy and dignity.

##### Other evidence

We looked at care plans for four people living in the home. These all had evidence of assessments of peoples' needs and risks. These needs and risks could be seen to inform individual care plans. There were sections for recording visits and interventions by healthcare and social care professionals. Records of observations were updated three times a day and the records we looked at were up to date. We were shown examples of how observations included specific entries with regard to individual risks and needs.

The senior general manager explained how the provider kept a computerised management system which included updating policies and procedures to reflect appropriate research and guidance, and that this was reflected in the provider's corporate approach to expectations of how care was provided.

The provider may find it useful to note that the care records included a list of medicines a person takes, but when we asked, we could not be assured that this was updated when medication changed. The senior general manager assured us that the medicines administration record (MAR) rather than the care file reflected current medication lists

but agreed that this needed reviewing.

**Our judgement**

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the services but most of their feedback did not relate to this outcome area. However, three people, when asked, felt they were safe and looked after well at the home.

##### Other evidence

Over time, we had received safeguarding notifications where people who used services had minor altercations resulting in their safety being reviewed. We asked to see evidence of the action plans from a selection of these notifications being carried out.

We saw examples of how two safeguarding events had been addressed, including reviewing care plans, multi disciplinary team meetings to discuss and agree reviews of peoples' needs and evidence of addressing recommendations by the local safeguarding authority. We were informed by management that steps taken after a safeguarding event led to lower risks of reoccurrence and that specific events also informed general reassessment of risk.

We spoke with two members of staff responsible for care duties who, when asked, knew the procedure for reporting suspected safeguarding issues and how to contact the appropriate authorities if they wished to alert directly rather than through their own management procedures.

##### Our judgement

People who use the service were protected from the risk of abuse, because the

provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this outcome area.

##### Other evidence

We spoke with the senior general manager regarding staffing numbers, rotas and skill mix. We were shown documents and electronic information to show that the home employed 32 support workers, five senior support workers and two senior coordinators. This meant a rota of 5 staff on morning and afternoon shifts with 3 working during the night. In addition, the manager and senior general manager were supernumerary and operated a management on call.

We were told that holidays and other absences were covered through a combination of bank staff in conjunction with other nearby homes owned and managed by the provider and that most support workers were not full time employed and many could work extra hours to cover absence.

In addition, the home employed a housekeeper, a cook and a maintenance worker.

##### Our judgement

There were enough qualified, skilled and experienced staff to meet peoples' needs. The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this outcome area.

##### Other evidence

We were shown an electronic system for managing clinical governance, which was operated at a corporate level by the provider. This included an annual program of audits and reviews of care plans. We saw that there was a manager's quality assurance tool that was sent to the senior general manager with action plans that were agreed and followed up through regular meetings and entries within the quality assurance tool.

The clinical governance tool looked at specific areas and these were set out over a year to be looked at, audited and where appropriate, reviewed. Areas included sores, accidents, hospital attendance, complaints, infection control, nutrition, notifications and regulatory activity. Audits included environmental, care plans, survey, service user meetings analysis and compliance.

We were shown examples of behavioural management lessons learned and care plans reviewed as a result of reviewing care plans as part of the quality assurance system.

##### Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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